

MARYLAND HEALTH CARE COMMISSION

Summary of the Healthcare-Associated Infections (HAI) Advisory Committee Meeting

February 24, 2010

Committee Members Present

Beverly Collins, MD, MBA, MS (via telephone)
Sara E. Cosgrove, MD, MS (via telephone)
Jacqueline Daley, HBS, MLT, CIC, CSPDS (via telephone)
Maria E. Eckart, RN, BSN, CIC
Elizabeth P. (Libby) Fuss, RN, MS, CIC
Wendy Gary, MHA (via telephone)
Anthony Harris, MD, MPH (via telephone)
Andrea Hyatt (via telephone)
Debra Illig, RN, MBA, CLNC
Lynne V. Karanfil, RN, MA, CIC
Jean E. Lee, Pharm.D., BCPS (via telephone)
William Minogue, MD
Carol Payne (via telephone)
Michael Anne Preas, RN, BSN, CIC
Brenda Roup, PhD, RN, CIC
Jack Schwartz, Esq.
Patricia Swartz, MPH, MS (via telephone)
Kerri Thom, MD, MS
Renee Webster
Lucy Wilson, MD, Sc.M

Committee Members Absent

Peggy A. Pass, RN, BSN, MS, CIC

Commission Staff

Pam Barclay
Theresa Lee
Mohamed Badawi
Robin Hudson
Mariam Rahman
Deme Umo
Eileen Witherspoon
Judy Wright
Carol Christmyer

Public Attendance

Nancy Grimm, Department of Health and Mental Hygiene (via telephone)
John Krick, Ph.D, Department of Health and Mental Hygiene
Beverly Miller, Maryland Hospital Association
Nicole Stallings, Department of Health and Mental Hygiene (via telephone)

1. Welcome and Introductions

Pam Barclay, Director, Center for Hospital Services, called the meeting to order at 1:00 p.m. and stated all who were present in person and on the phone.

2. Introduction of New Advisory Committee Members

Ms. Barclay introduced new advisory committee members including Dr. Kerri Thom from the University of Maryland (replaces Dr. Perencevich), Dr. Jean Lee who works in pharmacology at Sinai Hospital, and Dr. Lucy Wilson from DHMH. Ms. Barclay introduced two new MHCC staff members; Dr. Mohamed Badawi will be working on surgical site infection reporting and Robin Hudson who will serve as the State HAI Prevention Coordinator.

3. Review of Previous Meeting Summary (January 27, 2010)

Ms. Karanfil and Ms. Fuss found minor errors in the previous meeting summary. The staff will make the appropriate changes to the document before posting to the HAI webpage.

4. Review of Revised Draft HAI Advisory Committee Mission & Vision Statement

Ms. Barclay reminded the group that the HAI Committee Mission & Vision Statement was updated to incorporate the Committee's recommendations from the January meeting. She asked the group for additional comments on the revised document. The group agreed with the statement as revised.

5. Discussion on Establishing Maryland HAI Prevention Targets

As part of the CDC grant requirements, the State must develop a set of HAI prevention targets based on available hospital data. National five year targets exist for some measures. Ms. Barclay distributed a proposed template for presenting targets for Active Surveillance Testing for MRSA, Healthcare Worker Influenza Vaccination Rates, and several SCIP process measures. Ms. Barclay indicated that targets must be established and communicated to hospitals.

SCIP

Ms. Fuss suggested following the CMS target of 95% for consistency. Mr. Schwartz asked for the rationale for 95% from CMS. Ms. Barclay said 100% is achievable based on the data. A couple of the advisory committee members stated their hospitals already have targets of 100%. Ms. Fuss said there are exceptional cases that must be considered. Ms. Karanfil said the bottom performers may have a difficult time meeting high target rates. Ms. Fuss said giving the lower hospitals a year to increase their rate would be a good strategy. Ms. Preas said these measures have been in place for at least 5 years and there is no reason to make the benchmark less than 100%. Ms. Barclay said staff will look at the exclusion measures and CMS' requirements. Ms. Barclay said feedback from the medical community and hospitals based on the target rates would be important before finalizing.

Active Surveillance Testing for MRSA

Ms. Barclay reviewed the overall state rate and the rates for the 5 top and 5 bottom performing hospitals. She said this is a Maryland measure and there is no comparable national measure to use as a benchmark. Mr. Schwartz stated if the top hospitals can get to 100% that should be the target. Ms. Fuss asked if there were exceptions built in; where it might not be medically appropriate to screen a patient. Ms. Lee said there were certain clinical exceptions but would find the specific language. Ms. Karanfil suggested contacting NHSN to see if they had any data as AST for MRSA is an optional field in the MDRO module. Ms. Barclay will contact NHSN. Dr. Harris stated that 100% is unrealistic where the benefit is questionable and is not scientifically valid.

Health Care Worker (HCW) Seasonal Influenza Vaccination Rate

Ms. Barclay indicated the data used in the template is from the 2008-2009 HCW Seasonal Influenza Vaccination Pilot Survey. Ms. Karanfil said vaccine supply was an issue for some hospitals this past flu season due to H1N1. Mr. Schwartz said if the goal was 100%, hospitals would have to mandate the vaccination. He said this may cause low morale among staff which could impact patient care. Ms. Karanfil stated that at two hospitals where the vaccine was mandated, reports show the morale went up among staff members. Dr. Thom said some hospitals want to mandate the vaccination but would like support from the state before doing so. Dr. Cosgrove said collective bargaining with unions must be addressed before making that target 100%. Ms. Karanfil said her hospital had to deal with the same issue and it may be helpful to talk with facilities that have experience. She also said a compliance rate could be reported with the vaccination rate so HCWs with medical and religious exemptions are still counted as being compliant with the hospital's policy. Ms. Barclay said hospitals have asked her who the high performers are in the state so they can contact those other hospitals for information. Dr. Harris said more pressure needs to be put on hospitals because the current vaccination rate is too low. Ms. Fuss suggested asking hospitals about their vaccination supply as it may impact the rate. Ms. Barclay agreed. Ms. Webster said legislators may get this data and may want to create stiffer penalties to increase the rates. Ms. Karanfil said 80% vaccination is needed for herd immunity, which may be a good target. Ms. Barclay said proposed targets will be determined and discussed at the next meeting.

6. Review and Discussion of the Health Care Worker (HCW) Seasonal Influenza Vaccination Survey

New Data Reporting Instrument for 2009-2010 Survey Data

Ms. Barclay informed the Committee that a new survey tool will be used to capture the HCW Seasonal Influenza data this year instead of using SurveyMonkey® software. The new survey instrument will streamline the process of converting the data received from hospitals into a database for analysis. The new survey tool is scheduled for hospital distribution in April 2010.

Planning for the 2010-2011 Survey

Ms. Barclay stated that in the previous reporting period the timeframe for the flu season was extended from September 1st to April 15th. Ms. Barclay asked for input on the reporting period for the next survey. She also noted that H1N1 was excluded in the 2009-2010 survey. Dr. Thom said the seasonal and H1N1 will be included in one vaccine for 2010-2011. Ms. Fuss said the flu season start date is traditionally October 1st, but since the H1N1 vaccination was coming the seasonal vaccination timeframe started early last year. After further discussion, the Committee members agreed to keep the beginning timeframe at September for now, but this may be changed based on future events.

Ms. Barclay reported that staff met with the Ambulatory Surgery Association and the HCW influenza vaccination questions will be incorporated into the Commission's annual survey of ambulatory surgery centers. Ms. Barclay said long term care facilities have been contacted to initiate a similar survey as well. She said one issue had been identified related to the denominator and how staffs are counted in long term care facilities. Ms. Christmyer stated Maryland Medicaid has selected influenza

vaccination as a pay-for-performance factor. Preliminary data was collected last spring, but the survey will not be implemented this year. She said some refinement is needed to the questions. Ms. Barclay further discussed the issue with how to define the number of staff at long term care facilities. Long term care facilities raised the issue of counting staff throughout the flu season rather than on one day after the flu season; which is how it is currently done with the HCW influenza survey for hospitals. Ms. Barclay said staff numbers change throughout the time period. Ms. Christmyer said long term care facilities collect staff changes and it would be readily available and more accurate. Ms. Fuss said unless individual HCW names are matched up from the denominator to the numerator, then neither method is completely accurate. Ms. Eckart said in long term care this is possible because the staffing numbers are much smaller and rosters are kept up to date on who received the flu vaccine and who declined.

7. Other Business

Committee Member Announcements

Ms. Karanfil said two additional articles recently came out in the Archives of Internal Medicine on sepsis and pneumonia. Ms. Karanfil will forward the articles to Ms. Barclay. Ms. Roup said a Consumer Reports article was recently published on HAIs. She said only ten hospitals are in this article with their data. She said the author is saying all HAI data should be published for consumers to see, similar to Pennsylvania. Ms. Barclay reiterated that NHSN will begin publishing state data so more data will be made available. Ms. Roup said Consumer Reports want individual hospitals identified and they want current data. Ms. Barclay said the group needs to decide the best way to report the data to the public and what data should be made available. Ms. Fuss said a validation study on CLABSI data in Australia was published recently. They said the gold standard for defining a CLABSI was extremely low.

CLABSI Audit Results and Next Steps

Ms. Lee said the onsite portion of the audit has been completed and a preliminary report has been received from the contractor, APIC Consulting Services, Inc. (ACSI). Mary Andrus, APIC Consultant will be giving a briefing at the March meeting. Ms. Lee said about 200 records were reviewed and based on preliminary findings, about 9% had some discrepancy between the hospitals reported data and auditors' findings. Ms. Lee said in some cases, hospitals may not have been using the most current definitions. Ms. Lee said the next step is to provide feedback to hospitals on the results. The hospitals will have time to update the data in NHSN. Ms. Karanfil said issues should be shared with all hospitals because more than one hospital may be having the same problems. Ms. Lee said this information will be shared among all hospitals and they will have a chance to respond. Ms. Barclay reminded the group that the purpose of the audit was to make sure the data was accurate and also to identify training opportunities for hospitals.

Hospital Hand Hygiene Collaborative

Dr. Minogue briefly updated the group on the recent hand hygiene meeting. He reported that Dr. Duffy from the CDC spoke and said CDC may adopt the World Health Organization's 5 Moments for Hand Hygiene. Ms. Preas said front line staffs were engaged at the meeting and they provided feedback

that opportunities for education and dialogue were limited. Ms. Gary said the evaluation response rate for the event was very low and asked committee members to encourage their staff to complete the evaluation survey. The next meeting is in June.

Acinetobacter Collaborative

Dr. Wilson reported that there have been two meetings of the Acinetobacter Collaborative and the collaborative activities for this year have been identified. She said a point prevalence survey of Acinetobacter infection in acute settings and long term care, especially those with vent units will be a focus. Talks are ongoing on what partners to include and the number of facilities. Outreach has begun to the acute and long term care settings. They are looking for supplemental funding from CDC and DHQP since the survey involves samples, which can be costly to collect and process in large amounts. Dr. Roup has contacted several long term care corporations, one has agreed to participate, and two want more information.

Agency for Healthcare Research and Quality FOA: Prevention and management of Healthcare-Associated Infections

Ms. Barclay said staff is looking to AHRQ for additional funds for HAIs.

Maryland Register Notice Regarding SSI Data Collection

Ms. Barclay said a notice will be put in the Maryland Register for SSI data collection effective July 1, 2010. A work plan is being developed by staff to facilitate implementation of the new requirements and to identify possible issues that may arise. Ms. Karanfil said the surgeon community needs to be aware the new reporting requirement.

MHCC Webpage on Healthcare-Associated Infections

Ms. Barclay reviewed the new HAI webpage, located on the MHCC website under *Healthcare Community*. The HAI webpage includes background information on Commission activities, a roster of Committee members, meeting materials, the HAI Prevention Plan, and other reference documents. Dr. Roup asked that the picture of the surgeon be replaced by a person washing their hands.

8. Adjournment

The meeting adjourned at approximately 3:00 p.m. The next meeting is scheduled for March 24, 2010.